

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Stephen W. Scherer and Berge A. Minassian

Application No.: 10/567,074 Group: 1634

371(c) Filing Date: June 26, 2006 Examiner: Jeanine Anne Goldberg

Confirmation No.: 2296

For: LAFORA'S DISEASE GENE

CERTIFICATE OF MAILING OR TRANSMISSION

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Sir:

Transmitted herewith is a Supplemental Amendment for filing in the above-identified application.

- Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.
- A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

					SMALL ENTITY		OTHER THAN SMALL ENTITY		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDT. FEE	OR	RATE	ADDT. FEE
TOTAL	18	MINUS	*	44	X \$ 26	\$		X \$52	\$
INDEP	5	MINUS	**	7	X \$110	\$		X \$220	\$
					+ \$195	\$		+ \$390	\$
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM									
*					TOTAL = \$ 0				
** not fewer than 3					TOTAL = \$ 0				

The Application Size Fee has been calculated as shown below:

*(Effective for cases filed on or after December 8, 2004)*

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)	SMALL ENTITY		OTHER THAN SMALL ENTITY		Payment Sufficient for up to
			Rate	Total Amount Owed	Rate	Total Amount Owed	
83	100		X \$135	\$[ ]	X \$270	\$[ ]	100 Sheets

### Petition for Extension of Time

Applicant hereby petitions to extend the time to respond to the [ ] dated [ ] for [ ] month(s) from [ ] to [ ]. The appropriate fee is set forth below.

*[For action-specific language in an extension of time, select the appropriate option from the Firm Templates]*

**Please charge Deposit Account No. 08-0380 for the following fees:**

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input checked="" type="checkbox"/>	Other Fees:	_____
Supplemental Information Disclosure Statement		\$ 180
		\$ _____
		<b>TOTAL:</b> \$ 180

**A check is enclosed in payment of the following fees:**

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	_____
		\$ _____
		\$ _____
		<b>TOTAL:</b> \$ _____

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

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Dated: June 17, 2010